

Receipt # _____

Wastewater Treatment System Permit Application
Ravalli County Environmental Health (RCEH)

(Please complete and submit to the RCEH office or schedule a meeting with a RCEH sanitarian for assistance)

Owners Name: _____ Phone: _____ (required)

Owners Address _____

Address of Site: _____

Tax ID # _____ Geocode # 13- _____ - _____ - _____ - _____

General Area Name: _____

Location of Installation: Section _____, T _____ N/S R _____ W

Certificate of Survey: # _____ Subdivision: _____

Lot: _____ Block: _____ Tract: _____ Size of Parcel: _____ File #: _____

Installers Name: _____ Certification # _____ Phone # _____

Separation Adequate For: (info provided by applicant)	YES	NO
Wells > 100 feet		
Water Lines > 10 feet		
Floodplain > 100 feet		
Surface Water > 100 feet		
High groundwater > 4 feet		
Bedrock > 4 feet		
Slope < 15 %, Engineer 15 -25%		
Property Lines, Buildings > 10 feet		

Special Conditions and Other Information	YES	NO
Sanitary Restrictions		
Any Existing Systems?		
Upgrade Required?		
Inside or near Floodplain?		
Public Sewer less than 200 feet?		

Soil type: _____

Water Supply: _____

*For new construction, please include a copy of the water analysis report (Total Nitrate + Nitrite)

Type of System to be Installed: New _____ Replacement _____

System Sizing: _____ Residential # of Bedrooms: _____ Gal/Day: _____

Basement: Yes No

_____ Commercial Use: _____ Gal/Day: _____

Application rate (gal/day or sq. ft./bedroom): _____

From plat approval _____; Site evaluation _____; Engineer _____

System Size & Description: _____ Gallons (_____ concrete; _____ other, specify) septic tank
 with _____ lineal feet of _____ 24-inch or _____ 36-inch trench drainfield as per site plan attached.

Justification for system proposed: _____

Special Conditions: _____

The system does not meet minimum standards for subdivision and may limit ability of the owner to subdivide the property. YES _____ (Explain): _____

As purchaser of this permit, I agree to comply with all requirements for installation as described in the county regulations and conditions on the permit. The permit is valid for twelve (12) months from date of purchase. The wastewater treatment system must be completed and connected to a structure within this time and inspected by the county prior to covering the system. A copy of the permit must be on site at all times during construction and inspection of the system.

Permit Purchaser: _____ Date: _____

Relationship to Property Owner: _____

* Fees must be paid to the RCEH before a permit is issued – See Fee Schedule

Wastewater Treatment Lot Layout

Name of Owner: _____
Legal Address/Location: _____
Certified Installer: _____

Method used for nonsignificance determination pursuant to Water Quality Act and ARM 17.30. 701 et al:

Provide drawing of system below or attach drawing that includes the following: property lines, existing and proposed structures, including basements, all existing and proposed wells within 100 feet of the wastewater system, all streams, lakes, springs, ponds, irrigation ditches, 100-year floodplain, floodway, driveways and parking areas, utility lines, existing wastewater systems, a legend and scale, direction of slope, percent slope, north directional arrow, plan for proposed wastewater treatment system and replacement area, mixing zones (and all items in Section 3.1.G of the Wastewater Treatment and Disposal Regulations).

North ↑

Prepared by: _____ Date: _____

Signature: _____ Date: _____

Relationship to Property Owner: _____
